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[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV Post-Exposure Prophylaxis Guidance Database](#) >

Namibia

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

Population [Download summary page as PDF](#) [E-mail this page](#)
Suggest Updates

- [Exposed Workers After Occupational Exposures](#)
- [Prophylaxis After Rape](#)
-  [National Guidelines for Antiretroviral Therapy \(PDF / 8 MB\)](#)

Exposed Workers After Occupational Exposures

Year Issued:

2014

Criteria for Starting PEP:

PEP should be recommended to exposed workers after occupational exposures (percutaneous or transmucous membrane) to blood. For exposures with negligible risk (intact skin contact with blood), PEP is not justified. The exposed health worker has the right to decline PEP without risk of losing eventual compensations if infection develops.

Evaluation of Risk:

High risk exposure: Exposure to large volume of blood or potentially infectious fluids, eg. contaminated blood transfusion. Injury with a hollow bore needle. Deep and intensive injury.

Low risk exposure: Exposure to a small volume of blood. An injury with a solid needle. Any superficial injury or mucocutaneous exposure.

Intact skin: Low risk fluids HIV- negative source.

Recommended Prophylaxis:

High risk exposure:

Draw baseline laboratory tests: HIV testing (with consent), HBsAg and Ab, and creatinine. Drawing these tests and waiting for the results must not delay starting PEP.

Recommended: TDF/FTC/EFV

Note: Nevirapine is contraindicated for PEP due to a high risk of hepatotoxicity in immunocompetent persons.

Low risk exposure:

Draw baseline laboratory tests: HIV testing (with consent), HBsAg and Ab, and creatinine. Drawing these tests and waiting for the results must not delay starting PEP.

Offer TDF plus 3TC

Intact skin:

Do not offer PEP

Follow-up Screening Recommendations:

Workers who are HIV-positive at baseline should be referred for appropriate medical care. Workers who are HIV-negative at baseline should repeat HIV-antibody tests at 6 weeks, 12 weeks, and 6 months.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

Prophylaxis After Rape**Year Issued:**

2014

Criteria for Starting PEP:

If the possible risk for HIV transmission has been established, the rape has occurred within a period of 72 hours, and the rape survivor is HIV-negative or results are not immediately available, PEP will be offered.

Recommended Prophylaxis:

The recommended antiretroviral regimen following rape is: TDF+FTC +EFV daily for 28 days.

If the survivor cannot tolerate efavirenz, lopinavir may be substituted for efavirenz.

It is strongly suggested that PEP be administered only in the context of a comprehensive support programme for rape survivors. This should encompass the following:

1. STI prophylaxis
2. Emergency contraception within 72 hours
3. Hepatitis B immunoglobulin and hepatitis B vaccination should be started as soon as possible if the patient is not already immune, and no later than 21 days after the incident. If the results of the HBsAb test is nonreactive vaccinate at 0, 1, and 3 to 6 months.
4. A tetanus booster should be given.
5. Counseling of the rape survivor, identification of support needs, and necessary referrals should be done.
6. In cases where rape survivors have severe bleeding, the issue of proper nutrition with regards to foods that are high in iron, folate, riboflavin, vitamin A and vitamin B12 to avoid developing anaemia should be emphasized.
7. In subsequent visits, issues relating to stress management should be discussed as part of the support programme.
8. Medico-legal assessment of injuries.
9. Completion of appropriate registers.

Follow-up Screening Recommendations:

Workers who are HIV-positive at baseline should be referred for appropriate medical care. Workers who are HIV-negative at baseline should repeat HIV-antibody tests at 6 weeks, 12 weeks, and 6 months.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

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